

LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR CY 2003	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
PLAN NAME	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	MEDICARE/ SINGLE	MEDICARE - 2*	MEDICARE - 1*
STANDARD PLAN: MILWAUKEE	541.90	1319.40	403.50	787.00	921.80
STANDARD PLAN: WAUKESHA	528.40	1285.80	403.50	787.00	908.40
STANDARD PLAN: DANE	541.90	1319.40	403.50	787.00	921.80
STANDARD PLAN: BALANCE OF STATE	493.00	1197.20	403.50	787.00	872.90
STATE MAINTENANCE PLAN	487.60	1187.50	NA	NA	NA
ATRIUM HEALTH PLAN	519.40	1294.20	390.00	777.10	906.50
COMPCAREBLUE - AURORA/FAMILY	390.80	972.70	313.20	623.50	701.10
COMPCAREBLUE NORTH	395.20	983.70	316.80	630.70	709.10
COMPCAREBLUE NORTHEAST	419.30	1043.90	336.00	669.10	752.40
DEAN HEALTH PLAN	286.00	710.70	229.40	455.90	512.50
GHC-EAU CLAIRE	414.90	1032.90	332.50	662.10	744.50
GHC-SOUTH CENTRAL	310.90	772.90	249.30	495.70	557.30
GUNDERSEN LUTHERAN	452.00	1125.70	362.20	721.50	811.30
HEALTH TRADITION	415.50	1034.40	333.00	663.10	745.60
HUMANA-EASTERN	420.10	1045.90	336.70	670.50	753.90
HUMANA-WESTERN	386.20	961.10	309.50	616.10	692.80
MEDICAL ASSOCIATES HMO	332.60	827.20	266.70	530.50	596.40
MERCYCARE HEALTH PLAN	311.80	775.20	250.00	497.10	558.90
NETWORK-FOX VALLEY	352.60	877.20	282.60	562.30	632.30
PHYSICIANS PLUS - SC	336.90	837.90	269.90	536.90	603.90
PREVEA HEALTH PLAN	466.80	1162.60	374.00	745.10	837.90
TOUCHPOINT HEALTH PLAN	372.90	927.90	298.90	594.90	668.90
UNITY-COMMUNITY	323.20	803.60	259.10	515.30	579.40
UNITY-UW HEALTH	323.20	803.60	259.10	515.30	579.40
VALLEY HEALTH PLAN	448.70	1117.40	359.30	715.70	805.10
STANDARD PLAN AREA INCLUDES THE FOLLOWING:	DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix MILWAUKEE: Milwaukee county & retirees living out of state WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha WISCONSIN: Balance of state				
Standard Plan rates are determined by the employer county or the retiree county of residence. N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits. * Medicare - 1 = One family member enrolled in Medicare; Medicare - 2 = Two family members enrolled. Medicare premium rates apply only to subscribers who have terminated employment.					